

**RESPONSE UNDER 37 CFR § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP: 2833**

**32692**  
Customer Number

Patent  
Case No.: 59648US005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: METRAL, GUY

Application No.: 10/598925 Confirmation No.: 2132

Filed: February 28, 2005

Title: TELECOMMUNICATIONS MODULE WITH IMPROVED SHIELDING  
CHARACTERISTICS

**AMENDMENT AND RESPONSE UNDER 37 CFR § 1.116**

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]**

I hereby certify that this correspondence is being:

transmitted to United States Patent and Trademark Office on the date shown below  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date 12/22/08

/Vallarie Richards/

Signed by: Vallarie Richards

Dear Sir:

This is in response to the outstanding Final Office Action, dated November 5, 2008, in  
the above-identified application.

**Amendments to the Claims** begin on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

**Fees**

- Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- Please credit any overpayment to the same deposit account.

<b>Claims As Amended</b>							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	
Total Claims	16	Minus	**	20	0	x \$50.00	\$0.00
Independent Claims	2	Minus	***	3	0	x \$210.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$370.00	
<b>Total Additional Fee For This Amendment</b>							<b>\$0.00</b>
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. Previously Paid For" is less than 3, insert "3" in next space.							